

AUTO CR - LOG SUMMARY #1055083

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Witness	[REDACTED]							[REDACTED]	

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
23-JUN-2012 05:30 - 23-JUN-2012 05:30	[REDACTED]	1914	019	233 - HOSPITAL BUILDING/GROUND S	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee Accused	UNKNOWN,					ON Duty	THE REPORTING PARTY ALLEGES THAT THE ACCUSED OFFICER MADE AN INAPPROPRIATE COMMENT TO A PATIENT'S SON WHEN HE ASKED WHAT WOULD BE DONE WITH HIS FATHER'S BODY. THE ACCUSED OFFICER STATED, "HE WILL BE TAKEN TO THE CORONER'S OFFICE AND CUT UP TO DETERMINE A CAUSE OF DEATH."

Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Victim/Subject	Unknown								
NON-CPD Witness	[REDACTED]					M	WHI		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	INTERNET
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
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Incident Category List

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status		Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED		29-JUN-2012 06:52	KLIMAS, ROBERT	COMMANDER	121 /	
PENDING ADMINISTRATIVE CLOSURE		27-JUN-2012 11:38	DEL RIVERO, MINERVA	POLICE OFFICER	121 /	NI
PENDING ASSIGN TEAM		27-JUN-2012 09:26	KLIMAS, ROBERT	COMMANDER	121 /	NI and forward
PENDING ADMINISTRATIVE CLOSURE		27-JUN-2012 09:23	DEL RIVERO, MINERVA	POLICE OFFICER	121 /	Will forward to 019
PENDING ASSIGN TEAM		27-JUN-2012 07:59	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW		26-JUN-2012 05:49	STEWART, DENISE	INTAKE AIDE	113 /	
PRELIMINARY		26-JUN-2012 05:43	STEWART, DENISE	INTAKE AIDE	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					STEWART, DENISE	26-JUN-2012 05:43			
	DOCUMENTS - INTAKE INCIDENT		2	[REDACTED]	N	STEWART, DENISE	26-JUN-2012 05:45	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 26-JUN-2012) - LOG #1055083

TYPE: INFO

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Reporting Party Witness								

Incident Information

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Incident Details

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Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IAD	INTERNAL AFFAIRS DIVISION	-	26-JUN-2012 17:43	STEWART, DENISE	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
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COMPLAINT [REDACTED]**YOUR PERSONAL INFORMATION**

Complaint ID

Name

Race

Address

Sex :

Age :

Your contact information

Best time to contact : 08:00 AM

Primary Contact Phone

Number : [REDACTED]

Your injury informationWere you injured in this NO
incident?

Please describe the injury :

Did you need medical NO
attention?

Hospital/Medical Center :

Please describe the medical
treatment :**INFORMATION ABOUT THE INCIDENT**

POLICE WERE CALLED TO THE SEASON'S HOSPICE UNIT AT [REDACTED] TO RESPOND TO A CORONERS DEATH ON SATURDAY 6/23. THE PATIENT'S SON ASKED THE OFFICER WHAT WOULD BE DONE NEXT WITH HIS FATHER'S BODY. ACCORDING TO OUR NURSING STAFF, THE OFFICER REPLIED, " HE WILL BE TAKEN TO THE CORONERS OFFICE AND CUT UP TO DETERMINE A CASUE OF DEATH". I'M SURE THAT KNOWING HIS FATHER WAS "CUT UP" WILL LIVE IN THIS POOR SON'S MEMORY. THE STAFF WAS APPALLED AT THE CALLUS WAY THIS POOR, GRIEVEING SON WAS TALKED TO BY THIS OFFICER (BADGE #16607).

Location of the incident

Street Number : [REDACTED]

Direction [REDACTED]

Street Name : [REDACTED] Apt No. :

Building Name : [REDACTED]

Location Description : SEASON'S HOSPICE UNIT

Incident Date and Time

Date : 06/23/2012

Time : 05:30 PM

Evidence

Video Evidence : NO

Audio Evidence : NO

INFORMATION ABOUT THE POLICE OFFICERS

Police officer #1

Last Name :

First Name :

Star No. : 16607

Rank :

Assigned Unit :

On Duty : YES

Sex : MALE

Race :

Officer Description :

Police Vehicle Beat Number :

Vehicle Number :

License Plate :

Vehicle Description :

INFORMATION ABOUT VICTIMS AND WITNESSES

Witness #1 personal information

Last Name [REDACTED]

First Name [REDACTED]

Sex : MALE

Race : WHITE

Age :

Contact: [REDACTED]

Witness #1 injury information

Was the witness injured in NO
this incident?: NO

Please describe the injury :

Did the witness need medical NO
attention?: NO

Hospital/Medical Center :

Please describe the medical
treatment: